



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ROBERT E. URREA MD
6211 EDGEMERE SUITE 1
EL PASO TX 79925

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-12-0610-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The attached Medical Fee Dispute is being filed because the Insurance Carrier is refusing to pay for procedure code 99080 billed on 03/04/11. We reported CPT code 99080 for a narrative report prepared by Dr. Urrea in response to a PLN11 received on this case. According to the carrier, this benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated." "We disagree with their determination. The report was the only service provided on 03/04/11. No other services were billed."

Amount in Dispute: \$100.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor billed code 99080 to Texas Mutual for a service provided 3/4/2011. Medicare indicates that code 99080 has a 'B' status and is never paid. (Attachment) For this reason no payment was made and no payment is due."

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 4, 2011	CPT Code 99080 – Narrative report	\$100.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.120, titled *Reimbursement for Medical Documentation* effective May 2,

2006 sets out the fees for medical documentation.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated April 4, 2011

- CAC-W1-Workers Compensation state fee schedule adjustment.
- CAC-97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 284-No allowance is recommended as this procedure has a Medicare status of 'B' (Bundled).
- 892-Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.

Explanation of benefits dated May 9, 2011

- CAC-W1-Workers Compensation state fee schedule adjustment.
- CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 891-No additional payment after reconsideration.
- 892-Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.

Explanation of benefits dated August 16, 2011

- CAC-W1-Workers Compensation state fee schedule adjustment.
- CAC-18-Duplicate claim/service.
- 878-Appeal (Request for Reconsideration) previously processed. Refer to Rule 133.250(H).
- 892-Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.

Issues

1. Did the respondent support position that the narrative report was included in the allowance for another service?
2. Is the requestor entitled to reimbursement for the narrative report in accordance with 28 Texas Administrative Code §134.120?

Findings

1. Based upon the submitted explanation of benefits the disputed services were denied based upon reason code "CAC-97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated." The requestor billed \$150.00 for CPT code 99080 – "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form" on the disputed date of service.

The requestor states in position summary that "According to the carrier, this benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated." "We disagree with their determination. The report was the only service provided on 03/04/11. No other services were billed."

The Division finds that code 99080 was the only service billed on March 4, 2011. The respondent did not support position that the report was included in the allowance for another service; therefore, the disputed service will be reviewed in accordance with applicable division rules and guidelines.

2. Division rule at 28 TAC §134.120(g), states "Narrative reports are defined as original documents explaining the assessment, diagnosis, and plan of treatment for an injured employee written or orally transcribed and created at the written request of the insurance carrier or the Division. Narrative reports shall provide information beyond that required by prescribed medical reports and/or records. A narrative report should be single spaced on letter-size paper or equivalent electronic document format. Clinical or progress notes do not constitute a narrative report."

The requestor states in position summary that "We reported CPT code 99080 for a narrative report prepared by Dr. Urrea in response to a PLN11 received on this case."

The requestor did not submit documentation to support that the disputed report was “created at the written request of the insurance carrier or the Division.” Therefore, the report was not billed in accordance with Division rule at 28 TAC §134.120(g). As a result, reimbursement is not recommended.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support the reimbursement amount sought by the requestor. The Division concludes that the requestor failed to support its position that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	4/20/2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.